

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 483213**

1. Entity Name

TERRY CRAMER & SONS, INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90049 046 ***150.00

Principal Place of Business 6201 N NEBRASKA AVE TAMPA FL 33604 US	Mailing Address 6201 N NEBRASKA AVE TAMPA FL 33604-6256 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-1620605** Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRAMER, NANCY
13815 LAKE VILLAGE PLACE
TAMPA FL 33624**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CRAMER, NANCY H	
STREET ADDRESS	13815 LAKE VILLAGE PLACE	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	CRAMER, TERENCE JR	
STREET ADDRESS	6201 N NEBRASKA AVE	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	CRAMER, TERENCE SR	
STREET ADDRESS	13815 LAKE VILLAGE PL	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	BACKSTROM, RUSSELL	
STREET ADDRESS	13813 LAKE VILLAGE PL	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	BACKSTROM, CANDICE	
STREET ADDRESS	13813 ALKE VILLAGE PL	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy H. Cramer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED *NANCY H. CRAMER* 1-14-2000 813-9613318

Date

Daytime Phone #